

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Medical Review Division regarding a medical fee dispute between the requestor and the respondent named above.

## **I. DISPUTE**

1. a. Whether there should be additional reimbursement for date of service 07/05/01.  
b. The request was received on 02/04/02.

## **II. EXHIBITS**

1. Requestor, Exhibit I:
  - a. TWCC 60 and Letter Requesting Dispute Resolution
  - b. HCFA-1500
  - c. EOBs/Medical Audit summary dated 11/03/01
  - d. Medical Records
  - e. Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.
2. Respondent, Exhibit II:  
No Response found in case file.
3. Based on Commission Rule 133.307 (g) (4), the Division notified the insurance carrier Austin Representative of their copy of the request on 06/20/02. A carrier response is not found in the case file. The "No Additional Information Found In Case File" sheet is reflected in Exhibit II of the Commission's case file.
4. Notice of Medical Dispute is reflected as Exhibit III of the Commission's case file.

## **III. PARTIES' POSITIONS**

1. Requestor: Letter dated 02/04/02:  
"The following information is to let you know we are requesting medical dispute..."

## **IV. FINDINGS**

1. Based on Commission Rule 133.307(d) (1) (2), the only date of service eligible for review is 07/05/01.
2. The Findings and Decision is being rendered based on the denial code submitted to the provider prior to the dispute being filed for medical dispute.
3. Per the provider's TWCC-60, the amount billed is \$103.00 for DME code E0244, a raised toilet seat; the carrier paid the provider \$36.00; the amount in dispute is \$67.00.

4. The service was denied by the carrier code, "F" PAY THIS PROCEDURE/SERVICE CODE IS REIMBURSED BASED ON YOUR STATE WORKERS/ COMPENSATION MEDICAL FEE SCHEDULE."
5. The Medical Fee Guideline Durable Equipment Ground Rule (IX) (C) states, "A fair and reasonable reimbursement shall be the same as the fees set for the "D" codes in the 1991 Medical Fee Guideline." DME code E0244 is the same as "D" code D0233, "Toilet seat, raised" with the purchase price of \$36.00.
6. In accordance with the MFG DMEGR (IX) (C), the provider is not entitled to additional reimbursement.

The above Findings and Decision are hereby issued this 10th day of September 2002.

Donna M. Myers, B.S.  
Medical Dispute Resolution Officer  
Medical Review Division

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